



WASHINGTON STATE DEPARTMENT OF
Natural Resources

Forest Practices Application/Notification
NOTICE OF TRANSFER

I/we transfer my/our rights, privileges, and obligations under this approved Forest Practices Application or Notification. I/we affirm that the information contained below is true and agree to comply with the rules authorized by the Forest Practices Act and to be bound by all conditions on the approved application or notification.

FPA/N Number: _____ Section(s): _____ Township: _____ Range: _____

Original Landowner (Signature): _____

Original Landowner (Printed): _____ Date: _____

New Operator – Fill out this section <u>only</u> if you are changing or adding an operator	
Legal Name of New Operator: (Print)	Mailing Address:
Phone:	
Email:	
Date:	
New Operator Signature:	

New Landowner – Fill out this section <u>only</u> if you are transferring your FPA to a new landowner	
Legal Name of New Landowner: (Print)	Mailing Address:
Phone:	
Email:	
Date:	
New Landowner Signature:	

New Timber Owner – Fill out this section <u>only</u> if you are transferring your timber rights	
Legal Name of Timber Owner: (Print)	Mailing Address:
Phone:	
Email:	
Forest Tax Reporting Account Number: (Contact Dept. of Revenue to get this number: 1-800-548-8829)	
Date:	
New Timber Owner Signature:	

[] Received by: _____	Date: ____/____/____
(DNR Forest Practices Staff Signature)	